SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 32 / 41 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b	
Any Information copied from such Reports and State or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. P					
Full Name (Last, First, Middle Initial) Friends Of Dave Weldon  Mailing Address PO Box 968			Transaction ID: 14169729 Date of Disbursement  05		
	Ctata Zin Cada		Amount of Foots (	Dishama are set this Desired	
City Melbourne	State Zip Code FL 32902		Amount of Each I	Disbursement this Period	
Purpose of Disbursement		011		1000.00	
Candidate Name Rep. Dave Weldon, M.D.		Category/ Type			
Senate President	ement For: 2008 Primary General Other (specify) ▼ Primary Electio				
Full Name (Last, First, Middle Initial)			Transaction ID:		
Friends of Lois Capps			Date of Disburser		
Mailing Address PO Box 23940			05 7 2	2 7 2 0 0 7	
City Santa Barbara	State Zip Code CA 93121		Amount of Each I	Disbursement this Period	
Purpose of Disbursement		· ·		1500.00	
Candidate Name Lois Capps		011 Category/ Type			
Senate President	ement For: 2008 Primary General Other (specify) ▼ Primary Electio				
Full Name (Last, First, Middle Initial)	Timary Liceno		Transaction ID:	 14169747	
Friends Of Farr			Date of Disburser	ment	
Mailing Address 555 Capitol Mall Suite 1	425		05 2	2 7 2 0 0 7	
City Sacramento	State Zip Code CA 95814		Amount of Each I	Disbursement this Period	
Purpose of Disbursement				1000.00	
Candidate Name Rep. Sam Farr  011 Category/ Type		Category/			
Senate President	ement For: 2008 Primary General Other (specify) ▼ Primary Electio				
2.0001					
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		3500.00	
TOTAL This Period (last page this line number only	)				